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Bib Data Sheet

CONFIRMATION NO. 9684

SERIAL NUMBER 10/040,269	FILING DATE 10/29/2001 RULE	CLASS 433	GROUP ART UNIT 3732	ATTORNEY DOCKET NO. 018563-001120US
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APPLICANTS

Loc X. Phan, Milpitas, CA;
Muhammad Z. Chishti, Sunnyvale, CA;
Ross J. Miller, Sunnyvale, CA;

IDS #4
act #5

** CONTINUING DATA *****

THIS APPLICATION IS A CIP OF 09/454,278 12/03/1999 PAT 6,309,215
WHICH CLAIMS BENEFIT OF 60/110,881 12/04/1998
AND IS A CIP OF 09/466,353 12/17/1999
AND IS A CIP OF 08/947,080 10/08/1997 PAT 5,975,893
WHICH CLAIMS BENEFIT OF 60/050,342 06/20/1997
AND IS A CIP OF 09/250,962 02/16/1999 PAT 6,183,248
WHICH CLAIMS BENEFIT OF 60/110,189 11/30/1998 1999
AND IS A CIP OF 09/169,034 10/08/1998
AND IS A CIP OF 08/947,080 10/08/1997 PAT 5,975,893
WHICH CLAIMS BENEFIT OF 60/050,342 06/20/1997 *
(*Data provided by applicant is not consistent with PTO records.

** FOREIGN APPLICATIONS *****

PCT/US98/12861 06/19/1998

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 02/12/2002

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY CA	SHEETS DRAWING 14	TOTAL CLAIMS 20	INDEPENDENT CLAIMS 4
Verified and Acknowledged	Examiner's Signature _____ Initials _____				

ADDRESS

20350

TITLE

Attachment devices and methods for a dental appliance

**FILING FEE
RECEIVED**
954

FEES: Authority has been given in Paper
No. _____ to charge/credit DEPOSIT ACCOUNT
No. _____ for following:

<input type="checkbox"/> All Fees
<input type="checkbox"/> 1.16 Fees (Filing)
<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)
<input type="checkbox"/> 1.18 Fees (Issue)
<input type="checkbox"/> Other _____

	<input type="checkbox"/> Credit
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